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34610 7590 10/17/2005

FLESHNER & KIM, LLP
P.O. BOX 221200
CHANTILLY, VA 20153

01/10/2006 MBEYENE2 00000133 09988050

01 FC:1501 1400.00 OP
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/988,050	11/16/2001	Bong-Hoe Kim	HI-0055	7845

TITLE OF INVENTION: METHOD FOR CONTROLLING POWER OF TFCI FIELD FOR DSCH IN 3G STANDARD MOBILE COMMUNICATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/17/2006

EXAMINER	ART UNIT	CLASS-SUB CLASS
DEAN, RAYMOND S	2684	455-522000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	FLESHNER & KIM, LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LGGELECTRONICS INC.

Séoul, Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee (\$1,400.00)

A check in the amount of the fee(s) is enclosed. (\$1,700.00-\$16654)

Publication Fee (No small entity discount permitted) (\$300.00)

Payment by credit card. Form PTO-2038 is attached.

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Authorized Signature _____

Date 1/9/2006

Typed or printed name David C. Oren

Registration No. 38,694

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